

HAWAII STATE ETHICS COMMISSION

1001 BISHOP STREET, ASB TOWER 970 P.O. BOX 616, HONOLULU, HAWAII 96809 TEL: 587-0460 FAX: 587-0470 email: ethics@hawaiiethics.org

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST				
NAME (Last)	(First)	(Middle)	TELEPHONE	
Ching	Meredith	J.	525-6669	
MAILING ADDRESS (Street)			FAX	***************************************
P.O. Box 3440			525-6677	
(City)	(State)	(Zip Code)		
Honolulu	HI	96801		
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE	
Alexander & Baldwin, Inc.			525-6669	
MAILING ADDRESS (Street)			FAX	
P.O. Box 3440			525-6677	
(City)	(State)		(Zip Code)	
Honolulu	HI		96801	

PART II ORGANIZATIO	N		
NAME OF ORGANIZATION YOU	TELEPHONE		
Alexander & Baldwin, Inc	525-6669		
MAILING ADDRESS (Street)	FAX		
P.O. Box 3440		525-6677	
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE	
Meredith J. Ching	525-6669		
MAILING ADDRESS (Street)		FAX	
P.O. Box 3440		525-6677	
(City)	(State)	(Zip Code)	
Honolulu	HI	96801	

PART III DESCRIPTIO	N OF SUR IFOTS UPON WA	HICH YOU EXPECT TO LOBBY	<i>.</i>		
Agriculture	Education	Human Services	Science, Technology & Economic Development		
Communications & Public Utilities	Government Operation & Finance	 Intergovernmental Relations, International Affairs 	✓ Tourism & Recreation		
Consumer Protection & Commerce	Hawaiian Affairs	Labor & Employment			
Culture, Arts, Historic Preservation	Health	Planning, Land & Water Use Management	Other: (indicate below)		
Ecology, Energy Environmental Protection	⊘ Housing	Public Safety & Corrections			
	ON OF LOBBYIST				
I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.					
mulauth of			11/29/06		
(Signature of Lobbyist)			(Date)		
PART V AUTHORIZAT	ION TO LOBBY				
NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED				
Nelson N.S. Chun		Senior Vice President a	nd Chief Legal Officer		
NAME OF ORGANIZATION (if	applicable)		TELEPHONE		
Alexander & Baldwin, I	nc.		525-6622		
MAILING ADDRESS (Street)	70.511.07		FAX		
P.O. Box 3440			525-6678		
(City)	(State)	((Zip Code)		
Honolulu	HI 96801				
		ngage in lobbying activities on b	_		
(Signature of Authorizing Officer or Person Represented)			(Date)		